U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form proved
Office of I inagement
and udget
No. 1: 5-0188
Expires 1-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 4 D.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3510	2. Fiscal Year Covered From:	[
	©[/0]/2004 Through: [2/3]/2	,04
3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name James Bruspe	Name Chicago Regional Course of Carp	whees
	Labor Organization File Number 00 L 949	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 7675 W, 10074 pl	Street 12 E. Erie 57	
city Bridgevies	City Cucago	· · · · · · · · · · · · · · · · · · ·
State /// 1125 /5 ZIP Code + 4 40755	State Wind (3 ZIP Code + 4 6C	611
5. Position in labor organization. Business Represed	tative / E. general	
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or Indirectly had any of the following interest: sions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	11 July 2 11 Confederating
Name Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.	
Name		Paragraphic and a state of the
Name Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.	The second secon
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any		
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street		
Name Trade Name, if any: P.O. Box, Bklg., Room No., if any Street City State ZIP Code + 4		The second secon
Name Trade Name, if any: P.O. Box, Bklg., Room No., if any Street City State ZIP Code + 4	7.b. Amount. Perjury and other applicable penalties of the law, that all of the informating documents), has been examined by the signatory and is, to the best	the
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of submitted in this report/including the information contained in any accompany	7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the informating documents), has been examined by the signatory and is, to the best ction on penalties in the instructions.) On 7/11/23 7-28/598:452	the
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the second	7.b. Amount. Perjury and other applicable penalties of the law, that all of the informating documents), has been examined by the signatory and is, to the best	the the

Name of Person Filing James 7 T43Pe		File Number U-	351	<u> </u>			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, setting or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or setting or leasing directly or Indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.							
Name and address of Business (including trade name, if any).	9. Business deals with:						
Name Whitfield & McGann	a. Labor Organization						
Trade Name, if any:	b. Trust						
P.O. Box, Bldg., Room No., if any Suite 160 c. Employer							
State 1/1/12/15 ZIP Code +4 60002							
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali						
Name	Recieved holiday se	Man	dus	47			
Trade Name, if any:	holiday Se	asom		a same same			
 Parameter (2) — with recommendation of the community of apparent of the community of the commun				Market Laboratory			
P.O. Box, Bldg., Room No., if any		C. From Marian and Prints are accessed by Marian accessed to the		and the second second			
Street	11.b. Approximate dollar valu	ue of such dealing.		144.			
City	12.a. Nature of interest hel	d or income receive	d.	remains on a second control of the c			
State ZIP Code + 4							
	12.b. Amount.	<u> </u>	4-2				
			Arrando a / a - con	PRI (1994) - 1994 (1994) - 1			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.			· · · · · -			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	appen and a second control of the second con		there ye was continued there are possible agrees.			
Name							
The state of the s							
Trade Name, if any:							
P.O. Box, Bkdg., Room No., if any			* *				
Street				Tomas Ag			
City City				American American			
State ZIP Code + 4		and the second	a commen				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		for the second seconds				
13.b. Is the business are Employer U. Consultati			4				

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